DEC 3 0 1999

STATE OF SOUTH DAKOTA

Statement of Legal Newspaper Ownership and Circulation of Statement of Legal Newspaper Ownership and Circulation

RETARY OF EXPLIEN Ipswich Tribune		2. DATE OF FILING 9-30-99
3. FREQUENCY OF ISSUE	3A. NO. OF ISSUES PUBLISHED ANNUALLY	3B. ANNUAL SUBSCRIPTION PRICE
Weekly	52	\$21 -0\$24 - \$26
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICAT		P+4 Code) (Not printers)
103 Main St PO Box 7 Ipswich, SD 5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GEN	57451 IERAL BUSINESS OFFICES OF THE F	PUBLISHER (Not printer)
Same 6. FULL NAME OF PUBLISHER: Dwain E. Gibson		
7. OWNER (If owned by a corporation, its name and address must be stat holders owning or holding 1 percent or more of total amount of stock. If not owners must be given. If owned by a partnership or other unincorporated firm, its r	Med by a cornomical the sames and a	defraces of the individual num
Dwain E. Gibson	O Box 251 Ipswich.	SD 57451-0251
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY TAL AMOUNT OF BONDS. MORTGAGES OR OTHER SECURITIES (II INOTE Frances Morlock Ipswich, SD	HOLDERS OWNING OR HOLDING 1 F are none, so state. If more space is ne	PERCENT OR MORE OF TO- leded, list on back of this form)
9. EXTENT AND NATURE OF CIRCULATION (See Instructions on reverse side)	AVERAGE NO. COPIES EACH ISSUE D PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUE NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run)	1060	1058
PAID AND/OR REQUESTED CIRCULATION Sales through dealers and carriers, street vendors and counter sales	104	127
Mail Subscription (Paid and or requested)	719	719
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 1081 and 1082)	823	846
D. FREE DISTRIBUTION BY MAIL, CARRIER OR OTHER MEANS	0	0
SAMPLES, COMPLIMENTARY, AND OTHER FREE COPIES	3	3
E. TOTAL DISTRIBUTION (Sum of C and D)	826	849
F. COPIES NOT DISTRIBUTED 1. Office use, left over, unaccounted, spoiled after printing	220	196
2. Return from News Agents	14	13
G. TOTAL (Sum of E, F1 and 2 should equal net press run shown in A)	1060	1058
I swear that the statements made by me above are correct and complete.	TRE AND TITLE OF PUBLISHER, BUS	INESS MANAGER OR OWNER Publisher
State of South Dakota) Swe		30 day
Countriof Edmurids	Septen	nber , 19 99
No.	<u>Jena M. Q</u> ary Public	Mood
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omy SOS REC 051 101/93 My	commission expires My Co	HHIT EXP. 4- 50 - 2001